ENTRY BLANK	
PLEASE TYPE OR PRINT	Entered previous May Sho
Mr. Artist WILDER	yes no  J. DAVID  (Last Name Last)
Permanent Address 1720 COVEN	TRY GIVE. Hrs.
Street	732.0657
Temporary Address	
Tel. ( )	City
Zip Area Code	
Permanent address is in what count	cy? Cuy.
Born in Cuyahoga County 🔎 Ye	es 🗆 No
Collaborator(If Any)	
If May Show entries are not accepted.  Artist will pick up at Museum.  Museum should dispose of.	ed or not sold:
☐ Museum should ship to artist C	C.O.D. at this address:
Special Instructions When necessary include below institute object is to be assembled and d	

# THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature.

ENTRY BLAN	IKS		21	<b>3</b>		
☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts						
Medium or Materia	ls					
BEW PHOTOGRAPHIC PRINT						
Title "LAST SUMMER"						
Price or NFS Insurance Value			Size			
#70			16×20			
	GRAI	PHICS AND PHOTOGR	APHY ONLY			
Additional No. For	Sale	Total No. in Edition	Price	Price of		
-			Unframed			
2		10	\$50	\$20		
DO NOT WE	RITEIN	N THIS SECTION	ACCEPTED	REJECTED		
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RECEIVED

SMS

#### 1976 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

## Dates for Pick-up of Objects

Museum Service Entrance 9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects
November 15 through November 27

Accepted Objects

January 10 through January 15

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

Please keep address within this box for window envelope.

Name	J. DAVID WILL	DER
Address	2300 PAYNE	AVE.
City & State	CLEVERAND, O.	Zip 44114

#### PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

### ACCEPTANCE OR REJECTION NOTICE

will be mailed to you following judging.

This is your only receipt to claim your object(s). This notification

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